

LANGPORT
RURAL DISTRICT COUNCIL.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1906.

LANGPORT: G. H. KEMMEL, THE HERALD PRESS.

TO THE CHAIRMAN AND MEMBERS

OF THE

Lanypport

Rural District Council.

GENTLEMEN,—

I have the honour to present my Report for the year 1906. A few suggestions are made which I hope will receive due consideration ; the District is in a better sanitary condition than it was four years ago, but it is certain that the death-rate from preventable disease could be reduced were proper action taken.

The Local Government Board and Home Office Tables are appended. It is impossible for me to estimate the population of each Sub-district, so necessarily columns headed *a* in Table II. are left blank. The Home Office Table relating to Factories and Workshops is, I fear, incomplete ; it is difficult to obtain the necessary details in such a District as yours.

GEOLOGY (from Dr. S. Munckton's Report).—The Midford Sands, the lowest division of the Oolitic series, and made up of fairly compact sand with nodular masses of Calcareous Sandstone, occur over a considerable portion of the highest ground. Next beneath is a thin representation of the Upper Lias which is not shown in the Geological Survey Map. This consists of an alternation of layers of Clay and Stone, only a few feet in thickness. The Middle Lias comes next below with a few feet of Marlstone, a hard jointed rock at the top, and a considerable thickness of Clayey and Sandy Beds beneath. On the less elevated grounds, the underlying Lower Lias, chiefly Clay, crops out in places.

The water-bearing beds are the Midford Sand and the permeable beds in the Middle Lias, notably the Marlstone mentioned above, in which the slight fissures, formed by the more or less vertical joint-planes, allow of the under-ground flow of water.

OCCUPATION.—Agriculture is the staple industry, some 170 to 200 persons are engaged in shirt and collar factories and in a glove workshop. Other people are employed in basket making, but the number so engaged is inconsiderable.

VITAL STATISTICS.

THE POPULATION of the whole District is estimated to have been 13,220 on the 30th of June. Many of the men who worked on the new railway left the District in the first half of the year, taking with them their families ; but a small immigration of railway officials has to be taken into consideration, otherwise it is probable that the migration has been normal, that is as in years before the construction of the railway was taken in hand.

The District is too large for an unofficial census to be attempted ; and too thinly populated for the migration caused by the temporary employment obtainable to be disregarded.

The various " Rates " depending on the population have been worked out on the basis of the number of persons estimated to have been living in the District at the middle of the year.

THE NUMBER OF BIRTHS REGISTERED IN 1906.—There were 315 births registered, three of the children being illegitimate. Of the total number 150 were boys and 165 girls.

The number registered in each Sub-district was :—

			Boys.	Girls.	Total.
Langport Sub-district	...	...	77	81	158
Somerton „ „	...	...	73	84	157
			<hr/>	<hr/>	<hr/>
Whole District	...	...	150	165	315

The number is considerably below the mean of the past ten years, the average number being 337, in only one of the years (1902—when it was 305) has the number of births been less than in 1906.

THE BIRTH RATE per 1,000 of the population was 23·82. The rate is less than that in eight of the preceeding ten years and a little (·82) below the average for that period. In 1905 it was 25·06 ; in 1904, 24·13 ; and in 1903 it was 25·78.

THE NUMBER OF DEATHS REGISTERED at all ages, and from all causes was 206.

Langport Sub-district	...	...	...	91
Somerton „ „	...	...	...	115
				<hr/>
Whole District	...	...	...	206

The number of deaths in the whole District is less than in eight of the previous ten years, the exceptions being the years 1902 and 1903, when the totals were 202 and 201.

In only one of the ten years (1898) has the number of deaths been smaller in the Langport (including the Curry Rivel) Sub-district; the deaths in the Somerton Sub-district were also above the decennary mean, but in seven of the previous ten years they were more numerous.

THE GENERAL DEATH RATE.—This rate was 15·58 per 1,000 of the estimated population, being below the average rate for the previous ten years, and less than that of seven of the years.

The Union Workhouse is the only Public Institution in the District where non-residents are received and treated; the 13 persons who died there in 1906 all belonged to the Langport Rural District; their deaths have been included among those in the Sub-districts in which they previously resided.

In Table I, column II, information as to the number of deaths of residents in Public Institutions beyond the District is asked for, until such deaths are notified to me, or the Superintendent Registrar, such information cannot be given.

I again state that the Birth and Death Rates cannot be accepted as absolutely accurate, the difficulty in estimating the population being so great.

Comparing the number of births with the number of deaths, I find the excess of the former to be 109; in 1905 it was 129; in 1904, 99; in 1903, 103. The mean excess for the ten years (1896-1905) was 118·3

THE NUMBER OF DEATHS OF INFANTS under one year of age was 20, being nine less than in 1905, and ten less than in 1904. The average for the ten years preceding 1906 was 33·4 per annum.

THE INFANTILE DEATH RATE (per 1,000 Births).—This was 63·49. The rate is reliable as it does not depend upon the estimated population. The rate was 83·09 in 1905; 90·36 in 1904. The average for the ten years preceding 1906 was 99·33. In not one of those years was the rate so low as in the past year, the lowest being 71·42 in 1901; the highest, 159·87 in 1899.

Reference to Table I will convince you that this satisfactory condition cannot be expected to continue as the rate varies so much from year to year. Probably the variation is dependent, to a great extent, on the meteorological conditions existing.

Seven of the deaths were due to diseases of the respiratory organs, and four to congenial defects.

One death was caused by an accident, but I am pleased to be able to report that there was not one child killed by overlying.

For England and Wales the Infantile Death Rate was 133 per 1,000 births.

THE ZYMOTIC DEATH RATE.—This rate, which was .3 per 1,000 of the population, compares favourably with those of the previous five years. In 1905 it was 1.29 ; in 1904, .58 ; in 1903, .73 ; in 1902, .74 ; and in 1901, .59.

The lower rate is chiefly due to the mild type of Scarlet Fever prevalent. Sooner or later the disease will be become more virulent and the mortality greater. Your officers do all that is possible to prevent an infectious disease spreading they find themselves powerless.

CASES OF INFECTIOUS DISEASE NOTIFIED.

	1906.	1905.	1904-1901.
SMALL-POX	0	62	0

DIPHTHERIA.

	1906.	1905.	1904.	1903.	1902.	1901.
Langport Sub-district ...	0	7	1	6	9	3
Somerton „ „ ...	19	74	27	1	0	0
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Whole District ...	19	81	28	7	9	3

ERYSIPELAS.

	1906.	1905.	1904.	1903.	1902.	1901.
Langport Sub-district ...	6	2	7	1	3	1
Somerton „ „ ...	2	4	2	2	1	1
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Whole District ...	8	6	9	3	4	2

SCARLET FEVER.

	1906.	1905.	1904.	1903.	1902.	1901.
Langport Sub-district ...	12	34	10	5	10	11
Somerton „ „ ...	11	5	5	8	18	34
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Whole District ...	23	39	15	13	23	45

ENTERIC FEVER.

	1906.	1905.	1904.	1903.	1902.	1901.
Langport Sub-district ...	0	1	0	0	5	3
Somerton „ „ ...	2	0	3	0	0	3
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Whole District ...	2	1	3	0	5	6

PUERPERAL FEVER.

Langport Sub-district ...	0	0	0	1	0	1
Somerton „ „ ...	0	1	0	1	0	0
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Whole District ...	0	1	0	2	0	1

ALL NOTIFIABLE DISEASES.

Langport Sub-district ...	18	46	18	13	27	19
Somerton „ „ ...	34	144	37	12	19	38
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Whole District ...	52	190	55	25	46	57

The number of cases of Notifiable Disease is less than the mean of the previous five years, but excluding the year 1905, it is above the average.

REMARKS ON THE INCIDENCE OF DISEASE
AND CAUSES OF DEATH.

SCARLET FEVER.—The prevailing type of this Disease was again mild, only one death being directly caused by Scarlet Fever. The case mortality was 4·34 per cent.

You must not look upon this Disease as a trivial affection because only one death occurred, whilst 23 persons were known to have been infected, and because probably many others who were not seen by a medical man suffered. Scarlet Fever, like Measles, may for several years cause few deaths, although many cases have been notified, and then, for some unknown reason, become a very fatal complaint; this I can certify from my own experience. Scarlet Fever, even when of a mild type, and causing but few deaths in the acute stage, very frequently leaves the patient in a permanently crippled condition; the kidneys are the organs most frequently affected but the ears often suffer, deafness being a common sequel.

MEASLES.—This Disease did not cause a death, and, so far as I know, few children were infected in the District. In spite of these facts, I consider that Measles should be notifiable.

I believe that since being appointed Medical Officer of Health, schools have been closed on account of the prevalence of this Disease by my advice more often than for any other reason, certainly no other Infectious Disease has affected so many children. At present it does not appear that infants (under one year of age) are very liable to infection, but nearly twenty years ago, when I was in Maidenhead, I saw young children killed by malignant Measles almost as quickly as are flies by formaldehyde in a sealed room. Although deaths in the acute stage

have recently been rare the after effects are frequently serious ; the respiratory organs, the eyes, and the ears are particularly liable to injury, whilst the " vitality " (a vague term perhaps, but meaning loss of power to resist infection) is frequently lowered.

WHOOPIING COUGH.—This was the primary cause of one death in Beercrocombe, the secondary cause, as usual, being Bronchitis. So far as I know this Disease was not common in the District during the past year.

There was one death in 1905 ; none in 1904 ; six in 1903 ; three in 1902 ; and none in 1901.

When this Disease is prevalent the chief factors governing the mortality are the weather and proper nursing. The climatic conditions cannot be controlled but trained nurses could be obtained, and so stationed that each might attend patients in two, three, or more villages. The maintenance of such nurses must be chiefly by private subscriptions, but the Board of Guardians has, I believe, power to vote money for such an object : I think that if the District Council persuaded the Board to further the scheme by subscribing such sums as might be thought necessary, or wise, it is very probable that before long every poor person could have that attention which is so much needed and cannot be given by the medical attendant or friends.

DIPHTHERIA.—In the past year 19 cases were notified, all being in the Somerton Sub-district. Most of the diagnoses were confirmed by reports certifying that swabbings taken from the throat contained the specific bacillus.

There were two deaths, the case mortality being 10·52 per cent. ; in 1905 the number notified was 81, and the case mortality 18·5 per cent. ; in 1904 there were 28 cases certified, the case mortality being 10·7 per cent.

I believe that with one exception all the patients were treated with anti-toxin, but it is doubtful whether, in every case, the amount of anti-toxin used was sufficient. The case mortality is higher than it should be when this treatment is adopted, even after allowing for those patients seen too late for treatment to be effective.

A plea for the supply of anti-toxin to poor people, other than paupers, in the original draft of my Report is now unnecessary, but I hope that the Council will notify all medical men who practice in the District, and not only the District Poor Law Medical Officers, that the Council will pay for Diphtheria Anti-toxin used in the treatment of the necessitous poor.

This, I propose as a prophylactic measure. Every case of Diphtheria is a centre of infection ; treatment by anti-toxin shortens the illness and, by so doing, reduces the time during which a person suffering from the Disease is a danger to the community.

I still find that there are persons who believe the affection can be contracted from bad smells. Defective sanitation in a District may predispose persons living therein to Diphtheria by causing sore throats which render them less able to resist infection, but true Diphtheria can be contracted only by direct, or indirect (cups, glasses, handkerchiefs, etc.), contact with a person suffering from the Disease.

It has not been proved that the Diphtheria Bacillus can live in sewage or water, although it thrives and multiplies in milk.

I consider that a swabbing of the throat should be taken in every suspected case of Diphtheria, and a culture made, except when the Disease be epidemic in the town, or village, in which such a case may occur.

Many septic throats, in appearance, are indistinguishable from those in which the Diphtheria Bacillus is present ; follicular tonsilitis frequently simulates the Disease, and in the early stage of Scarlet Fever the condition of the throat may suggest Diphtheria. Such a case I have recently had in my own private practice.

Accurate clinical diagnosis being very difficult in this Disease, I hope you will consent to pay for the examination of swabbings taken by any medical man attending a poor person in the District.

Previously, I think in 1904, you promised to do this so I am not asking for a new concession but simply that you confirm a resolution which has now become nugatory. Of the 19 cases, twelve occurred in Somerton (two in one house), four (all in one house) at Keinton Mandeville, two in a house at High Ham, and one at Charlton Adam.

ENTERIC FEVER. — Two cases of Enteric Fever were notified, one from High Ham, the other from Somerton (Widal's test positive). Blood from a person in the Langport Sub-district gave a negative result, although the symptoms very strongly suggested Typhoid.

There was not a death from this Disease. Two cases were notified in 1905 ; three in 1904 ; none in 1903 ; five in 1902 ; and six in 1901. Two deaths occurred in 1901, but no case has ended fatally since that year.

Enteric Fever is another Disease that is frequently very difficult to diagnose. Often, when of a mild type, showing few of the classical symptoms, cases have not been recognised until too late, whilst, on the other hand, I believe many supposed Typhoid patients have really suffered from Tubercular Enteritis, or from the abdominal form of Influenza.

Widal's test, if properly used, will quickly confirm the diagnosis, or dispose of the doubt. In country districts, when the medical man cannot see the patient more than once a day, and a District Nurse is not available, Widal's test is particularly useful as a diagnostic aid. Trained nurses who could be relied upon to take the temperature properly would, in the early stages of the Disease, greatly assist the medical attendant in his diagnosis and throughout the attack be invaluable, since they could see that the instructions as to diet—a most important matter—were followed.

When you first sanctioned payment for the cultural examination of swabbings from throats you also consented to defray the cost of Widal's test when poor people were suspected to be suffering from Enteric Fever.

I hope you will once more resolve that such tests be paid for by the Council. Sometimes the report would cause extra precautions to be taken, but probably would more often relieve the family, and the neighbours, of anxiety.

EPIDEMIC INFLUENZA.—This was the primary cause of one death (a man aged 61), the secondary cause being pneumonia. Influenza caused directly or indirectly two deaths in 1905; six in 1904; seven in 1903; seven in 1902, and five in 1901. Although this Disease causes many painful illnesses, and much debilitates those who have suffered from it, death is the result in but few cases unless the patients be well over middle age.

PUERPERAL FEVER.—The generic term includes all septic diseases to which a lying-in woman is liable; these are many but need not be enumerated. It is possible that infection may occur before labour begins, but as a rule the septic germs are introduced during or after delivery. Every medical man attending a woman in her time of trouble probably properly prepares himself by disinfecting his hands, so far as may be possible, but I doubt whether such precaution is always taken by all the recently registered midwives.

During 1906 there was not a case notified; in 1905 a woman was infected by an untrained midwife. From 1901 to 1904 (inclusive) three cases were certified, one (in 1901) ending fatally.

ERYSIPELAS.—There was no mortality, although eight cases were notified. In 1905 a death was caused by Phlegmonous Erysipelas but since I have been in office there has not been a death from Cutaneous Erysipelas.

In these days of asepsis and antiseptics, this Disease rarely causes a death, and anything like an epidemic is unknown.

OTHER SEPTIC DISEASES.—The three deaths were due to inflammation of the middle ear, Carbuncle, and Senile Gangrene.

PTHISIS.—Nine persons died from this Disease; two in the Langport Sub-district (Barrington and Kingsbury Episcopi), and seven in the Somerton Sub-district (Charlton Mackrell (two), Picts Hill, Henley, Somerton, Long Sutton, and High Ham).

The number of deaths occurring in each of the past six years was :—

	1906.	1905.	1904.	1903.	1902.	1901.
Langport Sub-district	2	7	7	2	12	8
Somerton „ „	7	3	6	7	5	5
Non-Residents „ „	0	0	1	0	1	0
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Whole District „ „	9	10	14	9	18	13

THE AVERAGE NUMBER OF DEATHS PER ANNUM FROM PTHISIS.—

	For Five Years 1901-1905.	For Ten Years 1891-1900.
Langport sub-district	... 7·2	... 10·6
Somerton sub-district	... 5·2	... 6·0
Non-Residents	... 4	...
	<hr/>	<hr/>
Whole District	12·8	16·6

In my last Annual Report I stated that the owner of a cottage in which a death from Consumption had occurred requested that the place should be disinfected; I expressed the hope that, now the Disease is generally known to be infectious, similar requests would become common: although nine deaths occurred during the past year I was not once asked to have the room in which such a death took place properly treated.

Until this Disease be made notifiable disinfection will be impossible in many cases, but surely the occupiers of some of the houses in which Phthisis occurs should be sufficiently enlightened to recognise the desirability of thoroughly cleansing the house, and destroying any existing bacilli.

OTHER TUBERCULAR DISEASES.—The six deaths were in the Somerton Sub-District, two being due to ‘General Tuberculosis,’ and four to Meningitis.

CANCER.—Ten deaths occurred, four in the Langport and six in the Somerton Sub-District. Of the four in Langport Sub-District

three were in Kingsbury Episcopi and one in Langport. There was no death from this cause in that part of the District formerly known as the Curry Rivel Sub-District. In the Sub-District of Somerton two deaths were certified as due to this cause in High Ham, one each in Charlton Mackrell, Upton and Compton Dundon, whilst a man who formerly resided at Aller died in the Workhouse.

The parts of the body primarily affected were :—Stomach (3 cases), Tonsil (2 cases), Pancreas, Lip, Tongue, Heart, and Uterus.

The age at death varied from 27 to 83 years, two of the deceased being under 30, two others under 60, two more under 70, two between 70 and 80, and two over 80 years of age.

Six of the deaths were those of men and four those of women ; generally the female are more numerous than the male deaths.

TABLE A.

THE CANCER MORTALITY IN THIRTY YEARS.

	Number of Deaths in each Period of Five Years.						Average Number of Deaths Annually in each Period.					
	Langport Sub-district		Somerton Sub-district		Curry Rivel Sub-district	Whole District	Langport Sub-district		Somerton Sub-district		Curry Rivel Sub-district	Whole District
1870-1874	5	...	18	...	9	32	1.0	...	3.6	...	1.8	6.4
1875-1879	4	...	18	...	10	32	.8	...	3.6	...	2.0	6.4
1880-1884	8	...	18	...	13	39	1.6	...	3.6	...	2.6	7.8
1885-1889	12	...	19	...	11	42	2.4	...	3.8	...	2.2	8.4
1890-1894	11	...	31	...	9	51	2.2	...	6.2	...	1.8	10.2
1895-1899	8	...	32	...	14	54	1.6	...	6.4	...	2.8	10.8
	48		136		66	250						

TABLE B.

THE NUMBER OF DEATHS CAUSED BY CANCER
SINCE 1900.

LANGPORT RURAL DISTRICT.									COUNTY OF SOMERSET.													
		Langport Sub-district		Somerton Sub-district		Curry Rivel Sub-district		Whole District		Rural Districts		Urban Districts		Whole County								
1900	...	3	...	12	...	3	...	18	143*	...	93	...	236*									
1901	...	2	...	13	...	3	...	18	191	...	112	...	303									
1902	...	3	...	7	...	4	...	14	202	...	107	...	309									
1903	...	4	...	15	...	1	...	20	216	...	115	...	331									
1904	...	3	...	11	...	3	...	17	224	...	141	...	365									
1905	...	3	...	6	...	3	...	12	190	...	131	...	321									
Aver'ge for six years									}		3	...	10.6	...	2.8	...	16.5	194.3	...	116.5	...	327.5
1906	...	4	...	6	...	0	...	10														

TABLE C.

THE DEATHS FROM CANCER PER 100 TOTAL DEATHS.

LANGPORT RURAL DISTRICT.								COUNTY OF SOMERSET.		
	Langport Sub-district	Somerton Sub-district	Curry Rivel Sub-district	Whole District				Rural Districts	Urban Districts	Whole County
1900	... 6.8	... 10.62	... 5.17	... 8.37				3.92*	... 4.12	... 4.0*
1901	... 5.65	... 13.13	... 5.17	... 8.69				5.78	... 5.62	... 5.71
1902	... 5.77	... 7.36	... 7.54	... 6.93				6.28	... 4.95	... 5.78
1903	... 8.69	... 15.62	... 1.88	... 9.95				6.67	... 5.8	... 6.35
1904	... 6.0	... 8.59	... 5.55	... 7.32				6.54	... 6.81	... 6.66
Av'r'ge for five years }								5.838	... 5.64	... 5.7
1905	... 5.882	... 5.128	...	... 5.48				5.77	... 6.32	... 5.98
1906	... 4.395	... 5.217	...	... 4.85						

The last Table is unsatisfactory because the years 1905 and 1906 cannot be compared with former years. The number of deaths in the whole District is less than in any one of the preceding six years. Those in the Langport Sub-District were one above the average, and one more than in 1905; those in the Somerton Sub-District were exactly the same as in the preceding year, but well under the average for six years.

BRONCHITIS.—Various forms of Bronchitis caused 18 deaths: six of children under one year of age, and nine of persons aged 65 and upwards.

The death from this affection at the different age periods during the past six years are given below.

	1906	1905	1904	1903	1902	1901
Under 1 year	6	4	12	6	10	3
1 and under 5 years	—	4	—	—	4	1
5 " 15 "	—	—	—	—	—	1
15 " 25 "	1	—	—	—	—	—
25 " 65 "	2	1	2	—	1	2
65 years and upwards	9	10	6	12	9	7
	—	—	—	—	—	—
All ages	18	19	20	18	24	14

The deaths in 1906 were one less than the average number in the previous five years.

Once more children and persons of advanced years were the chief sufferers.

Again I point out that often a death may be caused primarily by degeneration of the Heart Muscle, whilst Bronchitis is the most obvious cause of death, and that frequently I find it difficult to know whether such deaths should be placed under the heading Heart Diseases, or one of those relating to the Respiratory Organs, for sometimes it happens that Diseases of those Organs, other than Bronchitis, are associated with Heart Failure, and, from the certificate, I cannot tell whether the Heart or Lungs first failed.

PNEUMONIA.—Nine deaths were certified, two in the Langport and seven in the Somerton Sub-District.

Pneumonia caused 10 deaths in 1905, five in 1904, nine in 1903, seven in 1902, and four in 1901.

Of the cases certified one was that of a child under one year of age, and two of children over one but below five years. Five of the deaths were of persons between 25 and 45, in which age period true Pneumonia is most likely to occur.

I believe that true Lobar Pneumonia is caused by a specific micro-organism, and that the Disease is infectious, as are Diphtheria and Tubercular Diseases of the air passages, but probably to a less extent than those affections.

Many cases have been reported in which the evidence of direct infection appears to be conclusive.

PLEURISY.—One death was caused by Pleurisy, the third since 1900. Unless concomitant with Pneumonia, or due to Tubercular Infection, Inflammation of the Pleura is rarely directly fatal, although the pressure of the excluded fluid may very seriously injure the Lungs, and adhesions may limit their action.

OTHER RESPIRATORY DISEASES.—One death from Acute Laryngitis, and one from Asthma occurred in the Langport, and one from Oedema of the Lungs in the Somerton Sub-Districts.

DISEASES AND ACCIDENTS OF PARTURITION.—The one death occurred in the Somerton Sub-District, and was due to post-partum Hæmorrhage.

HEART DISEASES.—Of the 42 deaths 20 were in the Langport and 22 in the Somerton Sub-District. Twenty-six of the deceased persons had reached the age of 65.

OLD AGE.—There were 31 deaths attributed solely to natural decay of the body due to age. In many other cases age was mentioned as a secondary factor, whilst Heart Disease or Bronchitis was the actual cause of death.

Eighteen of the deaths occurred in the Langport Sub-District, five being those of men ; of the thirteen in the Somerton Sub-District seven were men.

The youngest person was a woman 72 years of age at death ; the two eldest, a woman and a man, had lived more than 95 years.

The average age at death was nearly 84, the average age of the men being rather more than that of the women. Two men were over 90 (95 and 93), four women were nonagenarians (95, 94, 93 and 92).

Fifteen persons were between 80 and 90, one being 89 ; the others were between 72 and 79.

ACCIDENTS.—There were nine deaths caused by misadventure : three from drowning (one in a Langport ditch and two in the river Yeo), one from suffocation, one from burns and exposure, one from scalds, one from injuries caused by a falling girder, one from a gun-shot wound, and one from an impacted fracture of the thigh bones the actual cause of death in the last case being Congestion of the Lungs.

ALL OTHER CAUSES.—There were 33 deaths due to causes other than those mentioned in Table IV. :—

Nervous system, four deaths.

Circulatory system, six deaths.

Digestive system, four deaths.

Urinary system, eleven deaths.

Generative Organs, one death.

Various general Diseases, seven deaths.

The tabulation is somewhat rough, but I think you would not desire further details.

HOUSE ACCOMMODATION.

This important matter is, with the exception of the isolation of cases of Infectious Disease, the one in which your Officers are most impotent. Any shanty may be erected and let as a house ; a building previously a barn may be converted into cottages. My last assertion may appear absurd, but I have seen such a transformation in progress recently and could not raise any objection.

Many new houses have been erected in the district lately, some very rapidly, whether they all would pass as satisfactory I much doubt ; until the Bye-laws are in force nothing can be done by myself or the Sanitary Inspector.

There is certainly an improvement in the houses at Kingsbury, for, although the new ones may not be perfect, they are better than the hovels, with mud floors, which have been destroyed, or are empty. Some of the cottages in that village which are now occupied are hardly fit for human habitation, but not quite bad enough to be condemned.

Probably the village in which the House Accommodation is worst is Henley ; although in other villages in the District it would be possible to find houses quite as bad as any in that place.

The condition of the houses in the courts which open on the lower, West, part of Bow Street, Langport, is very little altered ; filth abounds, no doubt to a large extent due to the habits of the occupiers. I believe, however, that if the owners of the property, or their agents, renovated the houses, the tenants would be more likely to keep them clean, although from their construction some of the places could never be made thoroughly satisfactory. The condition of many houses in Somerton, and of cottages in all parts of the district, is equally bad.

THE DISPOSAL OF SEWAGE.

I did not receive any complaint in 1906 of smells caused by the Somerton ' Farm.'

All the talk and correspondence as to the disposal of Sewage in Langport has so far produced only one improvement—the cleansing of the ditches. Nobody can deny that the present system of Sewerage is unsatisfactory, and, although a proper water carriage system is impossible, owing to the position and small rateable value of the town, it is obvious that something must be done in this place : procrastination is useless and foolish ; the matter should be settled without delay.

I think that if the system explained to Dr. Copeman were adopted, all the ditches cemented, and those privies which communicate directly with the ditches converted into earth closets, the sanitary condition of the town would be greatly improved. Of course, all owners of pig-styes, stables, and slaughter-houses now directly discharging refuse into the ditches would be informed that they could no longer, with impunity, allow such matter to enter the public drains.

In the villages there are a few more earth-closets in place of the previously existing cess-pits, but very many cess-pits are still used, and numerous ditches are polluted. The condition of High Ham will, I hope, be greatly improved in a short time, as an open and offensive ditch is to be piped. At East Lambrook a nasty ditch is to receive attention, a Committee having been appointed to view and report. At Aller the ditch which receives a great part of the Sewage of the village, and which can be flushed through a clyse, will be kept in a better condition.

Many of the ditches are fouled by ' bartons,' and heaps of manure, whilst it is not uncommon to find filthy fluid from such sources on, or even crossing, the roads.

The great masses of dung dumped in fields adjoining the highway are generally much too near the road. It is doubtless convenient to place the manure near a gate, but the offensive odour given out by such matter is often almost unbearable, and may be injurious to health; certainly dust blown from such mounds is a danger to those who have to pass them.

WATER SUPPLY.

The Lytes Cary springs continue to yield a good and plentiful supply of water to Somerton and Kingsdon.

The Barrington water is good, when obtainable, but the supply is so insufficient that sometimes Curry Rivel has to be provided with water from Langport.

Langport and the whole of Kingsbury Episcopi parish obtains water from the Compton Durville bore-hole which, I believe, has never failed to produce an ample quantity of water up to the present; the quality of the water, however, is frequently far from satisfactory, being often thick, and if left standing, giving a deposit of fine sand; it shows no sign of organic pollution. This matter has, I believe, been referred to a Committee; it is to be hoped that the Committee will find a remedy. As Medical Officer of Health I have received many complaints from persons living in Langport, some of whom appear to consider that I am responsible for the condition of the water. This is somewhat annoying, because, as you know, I have never been asked to give advice, or in any way consulted about the supply of water from Compton Durville. Although I have not received any complaints from Kingsbury, I have discovered that people there suffer as do those in Langport.

In 1904 a Committee appointed by the Council, with the Chairman of the Huish Episcopi Parish Council, inspected a ditch in Wagg Drove where there is a spring of water. A sample of the water taken in dry weather was found to be good, but all those who saw the place owned that it was liable to pollution, and it was promised that at least the spring would be protected. Up to the present nothing whatever has been done.

In Muchelney a new well has been sunk, a sample of the water should be analysed without delay.

Most of the villages obtain water from wells, mostly shallow, generally imperfectly covered, and, with few exceptions, unprotected from surface pollution. Springs rarely protected in any way, and never effectually, are also used as sources of water supply.

THE DAIRIES.

Only one dairyman was registered in 1906. I am aware that persons who are not registered send milk to London and other towns. This disregard of the Dairies, Cowsheds, and Milk-Shops Orders of 1885, 1886, is perhaps partly due to the ignorance of the dairymen, but the Council should make it known that registration is required. Section 6 (4) of the above-mentioned orders states that:—"The

Sanitary Authority shall from time to time give notice of registration being required and of the mode of registration." Notices should appear in the "Langport Herald" and "Western Gazette" at least twice a year, and bills displayed in every village in prominent places.

There has been little improvement in the Dairies during the past year, and, so far as I can discover, few of the dairymen have done very much to prevent the milk being contaminated. If the Bye-laws submitted to the Local Government Board be passed the condition of these places will be greatly improved. Advice may be accepted with a grin, but an order, which can be enforced, is quite another matter.

I consider that all cows from which milk is obtained, to be sold by registered dairymen, should be periodically examined by a veterinary surgeon, and that the Council should pay for such examinations.

Upon the quality of the milk obtainable depend the lives of many infants and invalids; every possible precaution should be taken to insure the purity of this fluid.

THE SLAUGHTER-HOUSES.

The Slaughter-houses which were in existence previous to 1906 have not been altered, although I believe the refuse from one of those in Langport is more frequently removed than in former years.

In my last Annual Report I stated that in my opinion a Slaughter-house should be erected outside that town and let to the butchers. The method of sewage disposal being very unsatisfactory in this place, the butchers' contribution is undesirable.

The Bye-laws, if accepted, will give your officers much more power and enable them to order, whereas now they can only advise. As regards these places they have very little more control than they have over the Dairies.

ISOLATION AND DISINFECTION.

Infected houses, bedding, and clothes can now be properly disinfected.

The houses are, when necessary, treated with formaldehyde, but sulphur fumes are often used after cases of Scarlet Fever. Some cottages cannot be disinfected by fumigation. In these cases I give instructions as to washing and scrubbing the places with carbolic acid or some other antiseptic, and when possible the lime-washing of the walls.

Isolation of infected persons is now impossible unless a case occur in a large house. The provision of an Isolation Hospital will sooner or later be obligatory; even now a petition signed by 25 rate-payers to the County Council would result in an inquiry, and I have little doubt that after the inquiry you would receive an order to provide such an institution; if this happened you would be obliged to construct a much more expensive building than the one you could erect if voluntarily you took the matter in hand, and you would be forced to keep a permanent staff of nurses.

An Isolation Hospital should be regarded as an insurance policy against epidemics of Infectious Disease, and the slight increase of the rates as the premium.

You gentlemen, perhaps cannot appreciate the loss suffered by tradesmen, dairymen, and others when Infectious Disease is known to exist in their houses. Probably most of you are unaware of the discomfort, expense and worry caused by an inmate of a house being infected by Diphtheria or Scarlet Fever. I know well the loss and trouble such cases cause, am aware of the danger of infection spreading, and can frequently see that good nursing, proper feeding, and due attention cannot be given to patients.

The objections raised against Isolation Hospitals are generally three :—(1) Their cost. (2) Their ineffectualness. (3) The impossibility of forcing patients to enter such a place.

The first objection is reasonable, and should be carefully considered by those who have the power to expend the ratepayers' money, but when a servant of the Council, who is paid to advise on matters concerning the public health, repeatedly recommends the provision of such a place, his advice should have considerable weight; if it has not, of what use is he?

As regards the second objection, I can only say that if removal of patients, and isolation, does not always prove to be satisfactory a Disease is far more likely to become common when those persons remain at home in cottages in which are frequently only two bedrooms.

Scarlet Fever is sometimes followed by an infectious discharge from the nose or ear, which may continue for months; such cases have been discharged from Isolation Hospitals too early, and have given people who object to the hospitals on account of the expense and do not like to say so, a flag under which they may fight without being accused of parsimoniousness.

The argument is worthless. The patients treated at home would have had the infective discharge, whilst others treated in hospital suffering in the same way, but for a shorter time, would have been a danger to the community if remaining at home.

Scarlet Fever is the one Disease in which there is the least chance of a discharged patient being dangerous.

Anyone raising the third objection must be ignorant of the law, so I need not dwell on the subject.

Councillors have told me that they consider an Isolation Hospital is not needed in such a thinly populated district. I will not say that in such a district it is more necessary than in a town, but I affirm that it would more often prevent an epidemic than would an hospital receiving patients from a town, where many persons may be infected before the first case is notified.

The chief use of an Isolation Hospital is to prevent Infectious Disease spreading. The secondary, but very important, object is to provide proper nursing to those who need it.

Once more I beg you to seriously consider this matter ; it is not a trivial one. Upon your decision depends the fate of many children, some may die, and others who need not have been infected, will as long as they live suffer from the after effects of Infectious Disease unless you provide an Isolation Hospital.

BYE-LAWS.

A number of Bye-laws have been drawn up by a Committee, passed by the Council, and submitted to the Local Government Board for approval. If they be accepted, and the Council enforces them, I am sure that the District will soon be in a more sanitary condition than it is at present.

FACTORIES AND WORKSHOPS.

The five Factories are unaltered.

There are now 37 Workshops known to me, a Glove Workshop having been opened in Langport last year. No great fault could be found with any of the Workshops, slight want of cleanliness being sometimes noticeable. In no case was it necessary to issue a written notice.

The Bakehouses, as a rule, are now in a good condition.

THE OUTWORKERS.—Only two lists were received. There are probably 250 outworkers in the district, mostly shirt or glove sewers.

I am, Gentlemen,

Your obedient Servant,

A. R. NICHOLLS.

INSPECTOR OF NUISANCES REPORT.

WEARNE, LANGPORT, 16th APRIL, 1907.

To A. R. Nicholls, Esq., M.O.H.

DEAR SIR,—Appended is a summary of the work done by me for the period ending 31st December, 1906, as Inspector of Nuisances for the Langport Rural District Council :—

Number of Premises inspected	...	...	...	...	387
„ re-inspections	...	...	...	...	202
„ nuisances abated	...	...	...	...	184
„ cess-pits cleansed or repaired	...	...	...	...	64
„ privies converted into earth closets	...	...	...	...	19
„ ditches or water-courses cleansed	...	...	...	...	11
„ drains cleansed or repaired	...	...	...	...	25
„ houses disinfected	...	...	...	...	23
„ slaughter-houses inspected	...	...	...	...	18
„ bakehouses inspected	...	...	...	...	18
„ cowsheds inspected	...	...	...	...	14

I am, dear sir,

Yours obediently,

JOS. MATHISON.

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1906 AND PREVIOUS YEARS.

Name of District—LANGPORT RURAL.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.						Total Deaths in Public Institutions in the District.	Deaths of Non-registered Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Net Deaths at all Ages belonging to the District.	
		Number.		Rate.*		Under 1 Year of Age.		At all Ages.					Number.	Rate.*
						Number.	Rate per 1,000 Births registered.	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13		
1896	14,023	356	25.38	43	120.78	237	16.9	9	...	...	...	...
1897	13,911	347	24.94	30	88.24	218	15.67	5	...	...	...	...
1898	13,809	338	24.54	29	85.8	208	15.61	12	...	...	...	...
1899	13,709	319	23.27	51	159.87	250	18.23	6	...	...	...	...
1900	13,548	343	25.31	31	90.36	215	15.89	12	...	...	...	...
1901	13,413	336	25.5	24	71.42	207	15.43	10	...	...	...	...
1902	13,324	305	22.5	29	95.08	202	15.16	9	1	...	201	15.08		
1903	13,536	349	25.78	38	108.38	201	14.84	5	0	...	201	14.84		

1904	13,774	332	24-13	30	90-36	233	16-89	12	1	232	16-84
1905	13,925	349	25-06	29	83-09	220	15-76	20	1	?	15-72
Averages for years 1896-1905	13,697-2	337-4	24-64	33-4	99-33	219-1	16-04	10	?	?	?
1906	13,220	315	23-82	20	63-49	206	15-58	13	0	?	15-58

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term “Non-residents” is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term “Residents” is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The “Public institutions” to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

At
Census of
1901.

Total population at all ages, 13,446.

Number of inhabited houses, 3,224.

Average number of persons per house, 4.16.

Area of District in acres
(exclusive of area
covered by water). } 59,410.

TABLE II.

VITAL STATISTICS OF SEPARATE LOCALITIES IN 1906 AND PREVIOUS YEARS.

Name of District.—LANGPORT RURAL DISTRICT.

NAMES OF LOCALITIES.		1.				2.			
		Langport (with Curry River) Registration Sub-District.				Somerton Registration Sub-District.			
YEAR.		Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 Year.
		a	b	c	d	a	b	c	d
1896	...	7269	238	152	26	6754	118	85	16
1897	...	7211	186	111	15	6700	161	107	15
1898	...	7142	158	85	11	6667	180	123	18
1899	...	7071	163	138	21	6638	156	112	20
1900	...	6952	171	102	20	6596	172	113	11
1901	...	6850	167	108	14	6563	169	99	9

1902	...	6781	161	106	10	6543	144	95	19
1903	...	?	153	105	23	?	196	96	15
1904	...	?	163	103	11	?	164	129	19
1905	...	?	150	102	17	?	199	117	12
Averages of Years 1896 to 1905. }		?	171	111.2	16.8	?	165.9	107.6	15.4
1906	...	?	158	91	10	?	157	115	10

NOTES.—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block I may, if desired, be used for the whole district; and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I. as to meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.: thus, the totals of sub-columns *a*, *b*, and *c* should agree with the figures for the year in the columns 2, 3, and 12 respectively, of Table I.: the gross total of the sub-columns *c* should agree with the total of column 2 in Table IV., and the gross total of sub-columns *d* with the total of column 3 in Table IV.

TABLE III.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1906.

Name of District--LANGPORT RURAL.

Notifiable Disease.	Cases Notified in whole District.								Langport Registration Sub-district.	Somerton Registration Sub-district.
	At all Ages.	At Ages+—Years.								
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and up- wards			
Small-pox
Cholera
Diphtheria	19	...	6	5	5	3	...	...	19
Membranous Croup
Erysipelas	8	...	...	2	1	5	...	6	2
Scarlet Fever	23	...	7	13	2	1	...	12	11
Typhus Fever...
Enteric Fever	2	...	...	...	2	...	...	...	2
Relapsing Fever
Continued Fever
Puerperal Fever
Plague...
*
Totals	52	0	13	20	10	9	0	18	34

NOTES.—The localities adopted for this Table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. The name of the authority by whom the hospital is provided should also be given. Mark (W) the locality in which a workhouse is situated.

*This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

†These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

Isolation Hospital not yet erected.

* (c) Under the heading of "Diarrhoea" are to be included deaths registered as due to Epidemic diarrhoea, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhoea, Dysentery and Dysenteric diarrhoea, Choleraic diarrhoea, Cholera and Cholera Nostras.

In addition, and as regards deaths of children *under one year of age*, under the heading "Diarrhoea" in column 3 (Table IV.) are to be included all deaths classified as "Diarrhoeal diseases" in Table V.

Under the heading of "Enteritis" a Table IV., are to be included only deaths *over one year of age* registered as due to Enteritis, Muco-enteritis, Gastro-enteritis, Gastric Catarrh, Gastritis, and Gastro intestinal catarrh, unless from information obtained by inquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, under the specific term "Diarrhoea." Deaths from diarrhoea secondary to some other well-defined disease should be included under the latter.

(f) Under the headings of "Cancer" and "Puerperal Fever" should be included all registered deaths from causes comprised within these general terms. Thus: Under "Cancer" should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of Bladder, Rodent ulcer. Under "Puerperal Fever" are to be included deaths from Pyæmia, Septicæmia, Sæpræmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.

(g) Under "Congenital Defects" in Table V. are to be included deaths from Atelectasis, Icterus neonatorum, Navel hemorrhage, Malformations and Congenital hydrocephalus.

(h) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.

(i) Under "Other Tuberculous Diseases" are to be included deaths from Tuberculosis of bones, joints and other organs, Lupus and Scrofula.

(j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified,"

In recording the facts under the various headings of Tables I., II., III., IV., and V., attention has been given to the notes on the Tables.

*As regards infantile diarrhoea and Table V., it will suffice if Medical Officers of Health, who have already tabulated deaths of 1906 in accordance with the schedule of Incorporated Society of Medical Officers of Health, enter all deaths under one year that they regard as due to diarrhoea under the single heading "Diarrhoea, all forms."

This having been done, it will be necessary that the entry against "Diarrhoea" in column 3 of Table IV. should tally with the sum of deaths under "Diarrhoea, all forms," entered in the final column of Table V.